

# Demographic Reporting Form

## Individual – Quarterly Totals

### Positive Alternatives

Dates: 1-1 to 3-31-17 Grantee: Helping Hand Pregnancy Center

#### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
1	5	12	22	16	6	5	1

#### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
18	6	8	30	4	2

#### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
15	47	6

#### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
10	6	2	6	13	31	0

#### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
38	24	6

#### 6. Client Type:

Mother	Father	Grandparent	Other
55	11	2	

